

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	DT		11-15-99
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	XC	71420	12/1/99 1/4/00

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	8/1/00 8/1/00 7/7/01 7/7/01 8/1/01
1	N
2	N
3	N
4	N
5	N
6	N
7	N
8	N
9	N
10	N
11	N
12	N
13	N
14	N
15	N
16	N
17	N
18	N
19	N
20	N
21	N
22	N
23	N
24	N
25	N
26	N
27	N
28	N
29	N
30	N
31	N
32	N
33	N
34	N
35	N
36	N
37	N
38	N
39	N
40	N
41	N
42	N
43	N
44	N
45	N
46	N
47	N
48	N
49	N
50	N

Claim	Date
Final Original	8/1/00 8/1/00 7/7/01 7/7/01 8/1/01
51	N
52	N
53	N
54	N
55	N
56	N
57	N
58	N
59	N
60	N
61	N
62	N
63	N
64	N
65	N
66	N
67	N
68	N
69	N
70	N
71	N
72	N
73	N
74	N
75	N
76	N
77	N
78	N
79	N
80	N
81	N
82	N
83	N
84	N
85	N
86	N
87	N
88	N
89	N
90	N
91	N
92	N
93	N
94	N
95	N
96	N
97	N
98	N
99	N
100	N

Claim	Date
Final Original	8/1/00 8/1/00 7/7/01 7/7/01 8/1/01
101	N
102	N
103	N
104	N
105	N
106	N
107	N
108	N
109	N
110	N
111	N
112	N
113	N
114	N
115	N
116	N
117	N
118	N
119	N
120	N
121	N
122	N
123	N
124	N
125	N
126	N
127	N
128	N
129	N
130	N
131	N
132	N
133	N
134	N
135	N
136	N
137	N
138	N
139	N
140	N
141	N
142	N
143	N
144	N
145	N
146	N
147	N
148	N
149	N
150	N

If more than 150 claims or 10 actions  
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